



PSEUDONYM FORM

All information provided below will be kept confidential

Case/Cause #:	Law Enforcement Agency:		
Victim Name:	Pseudonym*:		
Address:	Phone #:		
Alternate Contact Name:	Alternate Contact Phone #:		
Indicate which offense(s) this form is to be used for:			
Sexual Assault or Other Sex Offenses	Stalking	Family Violence	Human Trafficking

*This name will be used in all public files to take the place of your real name. Your address and phone number will also be protected.

RELEASE OF INFORMATION EXCEPTION (consent to the release of your real information)

To assist law enforcement with their investigation and obtain further assistance, I hereby give permission for specific limited release of my real name, address, and phone number. By checking the following, my real information may be released to these specific agencies.

Local Advocacy Program	Medical Insurance Carrier
Crime Victims' Compensation Program	Local, State or Federal Attorney's office
Local, State or Federal Law Enforcement Agency	Local, State or Federal Restitution Payment Office

Victim Signature

Date

TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY

_____ Law Enforcement Officer Signature	_____ Badge #	_____ Date
The following program is available to you: _____ Advocacy program name and phone number (to be filled in by officer)		

For more information, please contact:

The Office of the Attorney General
Crime Victim Services Division MC 011
PO Box 12198
Austin, TX 78711-2198

Phone: (512) 936-1200
Email: crimevictims@texasattorneygeneral.gov